


DELTA TOWNSHIP ATHLETIC REGISTRATION FORM - Please use one form per person. Feel free to make copies.

PARTICIPANT'S NAME	HOME PHONE	CHILD'S DOB	M/F
STREET	WORK PHONE	<input type="checkbox"/> MEDICAL CONDITION? (Attach brief explanation)	
CITY, ZIP	PERSON'S NAME AT WORK PHONE		
IF YOU WOULD LIKE TO RECEIVE NOTICES OF UPCOMING EVENTS VIA EMAIL, PLEASE PROVIDE YOUR EMAIL ADDRESS:			

	EVENT NAME	REGISTRATION INFORMATION	COST
<input type="checkbox"/>	HERSHEY NATIONAL TRACK & FIELD - Ages 9/10 - Born 94/95 (Circle desired events: 2 field + 1 running or 2 running + 1 field) Deadline: May 19, 2004	50 Meter Dash, 100 Meter Dash, 200 Meter Dash, 400 Meter Dash, 4x100 Meter Relay, Standing Long Jump, Softball Throw Relay Team Members: _____ (all must be in the same age category) <i>Questions? Please refer to page 39.</i>	- 0 -
<input type="checkbox"/>	HERSHEY NATIONAL TRACK & FIELD - Ages 11/12 - Born 92/93 (Circle desired events: 2 field + 1 running or 2 running + 1 field) Deadline: May 19, 2004	100 Meter Dash, 200 Meter Dash, 400 Meter Dash, 800 Meter Run, 4x100 Meter Relay, Standing Long Jump, Softball Throw Relay Team Members: _____ (all must be in the same age category) <i>Questions? Please refer to page 39.</i>	- 0 -
<input type="checkbox"/>	HERSHEY NATIONAL TRACK & FIELD - Ages 13/14 - Born 90/91 (Circle desired events: 2 field + 1 running or 2 running + 1 field) Deadline: May 19, 2004	100 Meter Dash, 200 Meter Dash, 800 Meter Dash, 1600 Meter Run, 4x100 Meter Relay, Standing Long Jump, Softball Throw Relay Team Members: _____ (all must be in the same age category) <i>Questions? Please refer to page 39.</i>	- 0 -
<input type="checkbox"/>	2004 GLCC GOLF PROGRAM SESSION 1 - \$45	<input type="checkbox"/> Ages 7-9 <input type="checkbox"/> Ages 12-18 <input type="checkbox"/> Ages 10-12 <input type="checkbox"/> Adult	
<input type="checkbox"/>	2004 GLCC GOLF PROGRAM SESSION 2 - \$45	<input type="checkbox"/> Ages 7-9 <input type="checkbox"/> Ages 12-18 <input type="checkbox"/> Ages 10-12 <input type="checkbox"/> Adult	
<input type="checkbox"/>	2004 BGA GOLF CLINIC - \$49	<input type="checkbox"/> Ages 11 and under <input type="checkbox"/> Ages 12 and up	
<input type="checkbox"/>	2004 TENNIS LESSONS - \$35	<input type="checkbox"/> Session I - June 15- July 1 <input type="checkbox"/> Session II - July 13-29	
<input type="checkbox"/>	2004 CARTOON NETWORK TENNIS CAMP - \$68	<input type="checkbox"/> August 9-12	
<input type="checkbox"/>	2004 YOUTH FALL SOCCER - \$22 Deadline: July 16, 2004 Ages 4-10 as of December 1, 2004 	School my child attends: _____ <input type="checkbox"/> 4-on-4 <input type="checkbox"/> 10-on-10 (actually 7x7, 8x8, 10x10, 11x11) <input type="checkbox"/> Yes, I am willing to coach my child's team. If yes, name: _____	

Phone: 323-8555 Internet: www.deltami.gov/parks Make checks payable to: Delta Township
 Mail to: Delta Township Parks and Recreation, 7710 West Saginaw Highway, Lansing 48917
 No special requests will be honored.

<input type="checkbox"/>  Programs with this symbol require a blue and white reversible shirt. If your child needs one, please select a size and enclose an additional \$10. XS S M L XL (all sizes are adult) - \$10	
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Parent/Guardian or Adult Participant Waiver, Release of Liability & Consent Agreement

I understand that the Delta Township Parks and Recreation Department and its program co-sponsors thereof, are in no way responsible for any injury that may be incurred by myself or my child while participating in the program(s) I have registered for and agree to hold the above harmless for injury and damages in return for such participation.

Parent/Guardian or Adult Participant Signature _____

Please Print Name _____

TOTAL

OFFICE USE ONLY

DATE RCVD _____

RECEIPT # _____

SHIRT RECEIVED?

☐ Yes ☐ No